EXHIBIT B

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 800-858-5294 B. E-MAIL CONTACT AT FILER (optional) FILINGDEPT@CSCINFO.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address) 801 ADLAI STEVENSON DR [233231027] SPRINGFIELD, IL 62703 US		F U.C.C.	laware Department of S U.C.C. Filing Section iled: 12:56 PM 06/02/20: Initial Filing No: 2022 4 ce Request No: 202226	22 1635405
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use			OR FILING OFFICE USE (
	d provide the Individual Debtor information in iter			
OR STANADYNE, LLC 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 92 DEERFIELD ROAD	CITY WINDSOR	STATE CT	POSTAL CODE 06095	COUNTRY US
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here and an analysis and an analysis and an analysis and analysis analysis and analysis analysis and analysis analysis and analysis an	exact, full name; do not omit, modify, or abbrevia: d provide the Individual Debtor information in iter FIRST PERSONAL NAME	n 10 of the Financing St		
c. MAILING ADDRESS 1410 NORTHPOINT BOULEVARD	CITY BLYTHEWOOD	STATE SC	POSTAL CODE 29016	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME	IOR SECURED PARTY): Provide only <u>one</u> Secur	red Party name (3a or 3l)	
ENCINA EQUIPMENT FINANCE SPV, LLC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
DC. MAILING ADDRESS 1221 POST ROAD EAST, SUITE 201	CITY WESTPORT	STATE CT	POSTAL CODE 06880	COUNTRY
4. COLLATERAL: This financing statement covers the following collater All manufacturing equipment used to sup equipment is leased pursuant to Equipmed dated May 26, 2022 by and between Secur additions, accessions, and attachments proceeds of the foregoing, including in	oport the production of di ent Schedule No. 001 to th red Party, as Lessor, and thereto, and all substitu	at certain Ma Debtor as Les	ster Lease Agressee, together w	ement ith all

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

STANADYNE AND PURE POWER 001

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 800-858-5294 B. E-MAIL CONTACT AT FILER (optional) FILINGDEPT@CSCINFO.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address) 801 ADLAI STEVENSON DR [246464183] SPRINGFIELD, IL 62703 US			Fi U.C.C.	aware Department of St U.C.C. Filing Section led: 04:46 PM 12/27/202 Initial Filing No: 2022 0 te Request No: 2022438	2 696144
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	exact full name: do not omit modify			R FILING OFFICE USE O	
name will not fit in line 1b, leave all of item 1 blank, check here and an analysis and an analysis and an analysis and analysis analysis and analysis analysis and analysis analysis and analysis and analysis analysis and analysis analysis and analysis analysis and analysis analysis and analysis and analysis and analysis and analysis analy	d provide the Individual Debtor inforr				
STANADYNE, LLC 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS DEERFIELD ROAD	CITY		STATE	POSTAL CODE 06095	COUNTRY
2a. ORGANIZATION'S NAME PURE POWER TECHNOLOGIES, INC. 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS 410 NORTHPOINT BOULEVARD	FIRST PERSONAL NAM CITY BLYTHEWOOD	E	ADDITIO STATE SC	NAL NAME(S)/INITIAL(S) POSTAL CODE 29016	SUFFIX COUNTR' US
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME ENCINA EQUIPMENT FINANCE SPV, LLC	IOR SECURED PARTY): Provide on	ly <u>one</u> Secured Party n	ame (3a or 3b)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS 221 POST ROAD EAST, SUITE 201	CITY		STATE CT	POSTAL CODE 06880	COUNTRY
COLLATERAL: This financing statement covers the following collater all manufacturing equipment used to supequipment is leased pursuant to Equipmed ated August 29, 2022 by and between Seall additions, accessions, and attachmed proceeds of the foregoing, including in	pport the production ant Schedule No. 002 cured Party, as Les ants thereto, and al	to that cer sor, and Deb	tain Ma tor as	ster Lease Agre Lessee, togethe	ement r with

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	/er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :STANADYNE AND PURE POWER 002	